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Borough of Brighouse



ANNUAL REPORT

of the

**Acting School Medical Officer
for 1944**

**BETHIA M. NEWLANDS, M.B. Ch.B., D.P.H.
ACTING SCHOOL MEDICAL OFFICER**

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Borough of Brighouse

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Director of Education—E. A. ARMITAGE, B.Sc.

STAFF OF SCHOOL MEDICAL SERVICE.

Acting School Medical Officer :

BETHIA M. NEWLANDS, M.B., Ch.B., D.P.H.

*Assistant School Medical Officer :

MARY E. WILSON, M.B., Ch.B., D.P.H.

(Appointed 9/11/43. Resigned 31/10/44).

*School Oculist :

R. W. GREATORREX, M.B., Ch.B.

*Orthopædic Surgeon :

H. L. CROCKATT, M.B., Ch.B.

*Ear, Nose and Throat Surgeon :

W. O. LODGE, F.R.C.S.E. (Appointed 20/6/44).

*School Dental Surgeon :

FRANK SWIRE, L.D.S., R.F.P.S. (Glasgow).

*Dental Anæsthetist : E. A. ROGERSON, L.D.S.

School Nurse :

Miss A. D. ANDERSON, S.R.N., S.C.M., S.R.S.C.N.

Temporary School Nurse :

Mrs. A. E. KNIGHT, S.R.N., R.F.N.

School Nurses and Health Visitors :

Miss M. LATIMER, S.R.N., S.C.M.

Miss K. MITCHELL, S.R.N., S.C.M., R.F.N.

*Medical Gymnast :

Mrs. D. LUXTON, G.D.

*Trained Orthopist :

Miss M. L. HARRIS. (Released for Service with R.A.F.

17/2/44).

*Speech Therapist :

Miss P. M. CLIBBENS. (Appointed 1/2/44).

Temporary Clerk :

Mrs. D. M. JOWETT.

Dental Attendant :

Miss P. HOLLAND.

* Part Time.



REPORT OF THE ACTING SCHOOL MEDICAL OFFICER FOR THE YEAR 1944.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you the annual report on the work of the School Medical Service of the Borough of Brighouse during the year 1944.

As I had the assistance of Dr. Mary Wilson for ten months of the year, exactly twice as many sessions were given to **Routine Medical Inspections** as during 1943. It was possible, therefore, nearly to double the number of routine inspections. The groups examined were again Entrants and Leavers. In addition, as many children as possible were given attention on account of defects found at previous inspections, while every child in the Open Air School, with the exception of a few absentees, had the customary examination at the end of each school term. A total of 1973 examinations were conducted in the schools.

There has been a further improvement in the **Nutrition** of the children and it is gratifying to note that not a single child routinely examined has been classified in the D or "bad" group. The combined percentages of excellent and normal for all age groups give a round figure of 93, while in the Leaver group this rises to 98. I have made reference in the body of the report to the personal factor, that is different standards adopted by different examiners, but I do not consider that too low a standard has been adopted by either Dr. Wilson or myself in assessing standards of nutrition. Your work in forwarding the Ministry of Education's policy in providing meals for school children is bearing fruit in the steadily improving condition of the nutrition of the children attending the Brighouse elementary schools.

The number of children found to have **Physical Defects** may appear large but it has to be remembered that every defect found at inspection, however slight, is recorded. The essence of the school medical service is the finding of defects in their early stage. For example, the number of deformities found is recorded as 207 but many of these were of a minor nature. Artificial sunlight is a popular form of treatment both with the parents and the children, and is of definite value as a general tonic and for reducing susceptibility to recurrent conditions such as bronchitis.

The incidence of **Infectious Disease** has not been high. Of the nine cases of clinical diphtheria only one occurred in a child attending an infants' school. There was one fatal case of Diphtheria in a child who had not been immunised.

As was recorded by the Education Welfare Officer in his report presented to you in December the names of 498 **Evacuee School Children** were added to the school roll. The bulk of these children came as part of a mass evacuation from Southern England in July. Although these children had been medically examined before leaving their homes, every child was quickly examined on arrival to exclude any case of infectious disease and was re-examined the following day before going to its billet. In this work I had the willing assistance of the School Nurses and of the Health Visitors and I should like to record my appreciation of the service they gave outside normal working hours. Any children who were private evacuees were routinely examined before admission to school. With few exceptions these evacuated children were very clean and free from infectious or contagious disease. The services of the school clinic were of course put at their disposal.

With the return to duty of Nurse Anderson on the 1st May, and the services of Nurse Knight, it was possible to have many more **Cleanliness Inspections** made in the schools. The average number of visits paid by the School Nurses rose to the very satisfactory figure of 6.14 per school per year. Home visiting is particularly difficult when so many mothers are at work but a real effort is made in this direction to contact the mother in cases of uncleanness, scabies infection or regarding defects found. Having an additional nurse has been of the greatest service in the supervision of the children in the Nursery Classes. It was possible to arrange for only one complete routine examination but a special survey for anæmia was also made. Since the two nurses have been on duty an average of a weekly visit has been paid by them.

Your **Dental Service**, under Mr. Swire's direction, has been well maintained during the year. It has been customary to consider percentages of refusals of treatment and in this connection I would refer to your notice the analysis of untreated cases given in the body of the report. But I would draw your attention still more to the percentage of children inspected who were found to require treatment. This is shown in Table III Dental Treatment and for 1944 was 30.8%. This is the lowest percentage recorded in the returns of the School Dental Service. In 1916 91% were found to require treatment. This number fell to 39% in 1924 and rose again to 75% in 1939. In Table IIIA I have shown the percentages during the war period and it is interesting to note that the lowest figure for dental decay yet recorded should occur after five years of war-time diet and rationing. The School Dentist is of the opinion that the shortage of sweets has in large measure accounted for the decrease in dental decay. Contributing factors have been the system of giving of marks for clean teeth and the thrice yearly instead of once yearly examinations, both of these have been in operation since 1942.

I would sum up my foregoing remarks by saying that as far as

one can judge from medical inspections the general health and well-being of the Brighouse elementary school children throughout the past year has been good. Nutrition has improved ; dental hygiene has improved ; physical defects of a grave nature have been few ; there has been no serious epidemic. I would point out, however, that while close on 2,000 inspections, including re-examinations, were conducted in the schools a section of the school population, and in my opinion a very important one, has not been routinely examined. While I agree with the policy of the Ministry of Education in emphasising the importance of the examination of Nursery Class and Infant children, I think the present practice—a war-time measure owing to shortage of medical personnel—of giving priority of routine examination to the Leaver rather than to the Intermediate (8 year olds) Group is open to criticism. In my experience it is the children of ages varying from seven and a half to eleven years of age who require most supervision and the more systematically this can be given the more defects at a curable stage will be found. The results of cleanliness inspections show an increase in the number found unclean but the percentages are calculated on much larger numbers than on the previous year. There is no great increase in the number actually verminous or with many nits and it is almost invariably the same families that are the defaulters at each inspection. On the matter of general hygienic training the Physical Training Organisers have rightly commented on the need for the provision of change of clothing for physical exercises. Shower baths for use after games are apparently not yet fully taken advantage of.

Two **New Services** have been inaugurated by you during the year. These have been a Speech Therapy Clinic for the treatment of stammer and other speech defects, and an Ear, Nose and Throat Consultant Clinic.

From the 1st April, 1945, the new Education Act, 1944, will come into force and the West Riding County Council will become the Education Authority for all the school children of this town. Under the new Act there will in time be extensions to the School Medical Service. The Brighouse Education Authority can, I think, feel satisfied that it is handing over to the County Authority a well founded School Medical Service and one in which progressive ideas have been forwarded.

During the two years that I have served the Brighouse Education Committee I have received encouragement and consideration in carrying out my duties and I wish to express my thanks to the Committee.

I have been much indebted to Mr. Armitage, Director of Education, for his co-operation, and regret that he will be leaving this area early in 1945. To the School Medical Staff I wish to express my thanks for their service throughout the year and to the Head

Teachers, Teachers and Education Welfare Officer for their courtesy and helpfulness.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

BETHIA M. NEWLANDS,

Acting School Medical Officer.

March, 1945.

CO-ORDINATION.

As the School Medical Officer is also Medical Officer of Health, co-ordination with pre-school health services is readily obtainable. Thus the medical history of children who have attended the local child welfare centres can be transferred to the school medical records. Since the opening of the war-time day nurseries in the Borough, additional records of some of the children have been available on their transference from the nurseries to school.

The arrangement whereby children found at the child welfare centres or nurseries to be suffering from defects such as squint or knock knee, can be referred to the School Oculist or Medical Gymnast respectively, secures the early and continuous treatment of such cases.

Records of all children immunised against Diphtheria at the Welfare Centres are automatically transferred to the School Medical Department when the child reaches the age of five years.

SCHOOL HYGIENE.

I have been informed by Mr. E. A. Armitage, Director of Education, that during the year 1944 the following improvements in schools were carried out :—

Rastrick Common School.

New lighting to Hall.
Part decoration to School.

Lightcliffe.

New ceiling and heating to cloakroom.

St. Martin's.

Provision of new kitchen and new drainage.

Southowram School.

New boiler.
New water service.

St. Andrew's Infants.

New boiler.

Provision of new manholes to drains.

Provision of new gas water heater.

Carr Green School.

New gas water heater.

New french window formed to Nursery Class.

Bailiffe Bridge.

New wash basin to Staff Room.

New gas water heater.

St. James's.

New gas water heater.

School decorations.

Victoria Central School.

New gas water heater.

Norwood Green.

Provision of School Canteen.

Southowram Nursery Hut.

Provision of service road to Nursery.

Provision of School Kitchens at Rastrick and Hipperholme
British Restaurants.

MEDICAL INSPECTION.

With the part-time assistance of Dr. Mary Wilson for ten months of the year, twice as many sessions were devoted to routine medical inspection as had been found possible during the years since the enlargement of the Borough and the war years, namely 1937-1942.

The inspections were confined mainly to the Entrant and Leaver Groups, these groups being given preference in accordance with the suggestion of the Board (now the Ministry) of Education. In addition, children who for various reasons had missed an entrants' examination and had passed into the Intermediate Group were also examined. A total of 1,273 children were routinely examined, compared with 672 during 1943.

Another group to whom it had not been possible to give attention during 1942 and 1943 was that in which a defect had been found at previous inspections. Five hundred and fifty such re-examinations were carried out. The children attending the Open Air School, all of whom are examined each term, constitute the bulk of the number recorded as special examinations. The children seen by myself with or without parents at the Minor Ailment Treatment Clinic have not been included.

The figures in the groups referred to above are set out on page 23, Table IA and B.

UNCLEANLINESS.

Detailed cleanliness inspections of school children were carried out by the school nurses during the year and an average of 6.14 visits was paid to each school for this purpose. The results of these inspections are summarised in Table I, which follows.

TABLE I.
Summary of Results of Cleanliness Inspections.

	Number examined.		Clean.	Nits Present.		Vermin Present.	Total Unclean.
				Few.	Many.		
TOTALS.	1943	3,265	3,024	150	66	23	239
	1944	12,434	11,296	701	335	102	1,138
Percentages.	1943		92.62	4.59	2.02	0.70	7.32
	1944		90.85	5.64	2.69	0.82	9.15

CLOTHING AND FOOTWEAR.

TABLE II.

Group.		Clothing.					Footwear.				
No.	Examined	A.	B.	C.	D.	% C. & D.	A.	B.	C.	D.	% C & D.
Entrants—											
	810	762	43	5	—	.62	764	43	3	—	.37
Intermediates—											
	222	218	4	—	—	—	218	4	—	—	—
Leavers—											
	241	234	7	—	—	—	233	8	—	—	—

The above Table again shows a satisfactory condition with regard to Clothing and Footwear. Considerable assistance has been obtained from the "Boots for Bairns" Fund. Mr. Rayner has informed me that during the year 1944, 44 pairs of boots have been provided for necessitous school children and two pairs have been repaired at a total cost to the Fund of £27 11s. 3d.

NUTRITION.

The number of children showing subnormal nutrition (Group C, Table II of the Appendix) at routine inspections during this year was 91 (7.1%) compared with 69 (10.3%) in 1943. No child was classified in the D or "bad" group.

As, however, the personal factor, that is, the opinion and the experience for comparative purposes of different examiners must always count in assessing nutritional states, a special grouping was made of children who were below the average in weight and general physique and some of whom at least might by another examiner have been placed in group C. This group was called B—, and in it were placed children who, while quite fit and active, were of slender build; children who had inherited short stature or other sub-average type of physique from their parents; children who had always been backward in physical development from prematurity of birth; children who were temporarily subnormal from recent illness. In this group 168 (13.2%) children were classified. The numbers in each age group are shown as a separate column in Table II but are included in the normal group.

MILK IN SCHOOLS.

The number of children receiving milk at the various schools when tested in October, 1944, was 2,014. Expressed as a percentage of the total school population (3,605) the figure is 56%. Expressed as a percentage of the average attendance at the time (3,145) it is 64%.

PROVISION OF MEALS.

During the year 14 school canteens have been in operation. The minimum number of meals served on any one normal day during a month has been 917 in January and the maximum 1,185 in July.

Under the free meals scheme 119 children have received free dinners and/or one pint of milk daily; to these children there have been given 9,120 dinners and 24,367 pints of milk. One child is still being supplied with free meals at the Brighthouse Co-operative Stores Café.

All unaccompanied evacuees have been given one-third of a pint of milk free daily.

HEART AND CIRCULATION.

Of the children examined at routine Medical Inspections, .71 per cent. were found to be suffering from organic heart diseases, compared with .45 per cent. in 1943. No case was sufficiently severe to require treatment in a hospital school but one was admitted to the Open Air School.

SPEECH DEFECTS.

Eight cases of stammering and twenty-eight cases of other forms of defective speech have been found during the year.

SPEECH THERAPY CLINIC.

During the first month after her appointment in February, Miss Clibbens, the Speech Therapist, visited the schools in the Borough and made a preliminary examination of cases brought forward by Head Teachers as possibly suitable for treatment. This examination indicated that two sessions per week would in all probability be inadequate for the number requiring treatment, but a selection of cases was made and the first session was held on March 3rd.

Miss Clibbens has supplied the following data and notes on the work done during the year :—

No. on register	10	Stammerers	5
		Dyslalics	3
		Cleft palates	1
		Dysarthrics	1
		Deaf	0
No. who have attended		Stammerers	9
during year	17	Dyslalics	5
		Cleft palates	1
		Dysarthrics	1
		Deaf	1
Total No. of Attendances	284		

Of the seven children discharged during the nine months during which the clinic has been open, four are completely cured, one much improved, and the remaining two found to be unsuitable for further treatment. The ten at present attending the clinic are, with two exceptions, showing quite satisfactory progress and the majority should finally attain normal speech.

In addition to those children receiving treatment in the clinic, two groups of infant and nursery class children are being taken in school, where they are receiving preventative work and general articulatory exercises to strengthen the speech musculature.

Miss Clibbens remarks, further, that over a hundred children are awaiting treatment and that parents and teachers have been disappointed because these children have not yet received treatment. It should be understood, however, that this waiting list represents all degrees of speech defect and that the more urgent cases are given priority. The nature of the work is such that the majority of the children require individual treatment and so only a small number can be dealt with in a two and a half hour session. It is all the more important, therefore, that as soon as possible consideration should be given to the extension of the number of sessions available for this work.

TUBERCULOSIS.

Four children received treatment in Sanatoria during the year. Three of these were cases of hip joint disease, two of which were

treated at the Robert Jones and Agnes Hunt Orthopædic Hospital, Oswestry, Shropshire, and one at the Marguerite Hepton Memorial Orthopædic Hospital, Thorparch, Nr. Wetherby, Yorks. The fourth, suffering from tuberculosis of the knee, was admitted to the Leasowe Children's Hospital, Liverpool. All four cases are still in the institutions mentioned. Two cases were discharged from Sanatoria during the year. One of these is now attending the Open Air School and the other ordinary school.

DEFECTS OF VISION.

During 1944, 154 children were referred to the School Oculist, including 11 cases referred from the Maternity and Child Welfare Centres. Glasses were prescribed for 130 of these cases, 3 were referred for operative treatment and 3 for other treatment. Of the remaining 18 cases, 9 were found to be emmetropic (that is, without any error of refraction), 6 could not benefit from treatment, one no longer required glasses, one was wearing suitable glasses and one was referred for orthoptic treatment.

The list of defects found and the percentages in which they occurred are given below.

Hypermetropia with Astigmatism	.....	.....	29.2%
Hypermetropia	.....	.....	14.9%
Strabismus	.....	.....	13.5%
Hypermetropia with Strabismus	.....	.....	12.3%
Myopia	.....	.....	9.7%
Emmetropia	.....	.....	5.8%
Myopia and Astigmatism	.....	.....	5.8%
Strabismus, Hypermetropia and Astigmatism	.....	.....	3.9%
Anisometropia	.....	.....	3.25%
Mixed Astigmatism	.....	.....	0.65%
Congenital Cataract	.....	.....	0.65%

At present two partially sighted children are being educated at the Daisy Hill School for Myopes, Bradford.

ORTHOPTIC CLINIC.

The good work which was being carried out at this clinic had unfortunately to be discontinued when Miss Harris, the Orthoptist, was released in February for service as an Orthoptist in the Royal Air Force. Efforts were made to secure the services of another Orthoptist, but these were unsuccessful. Squint cases have meantime to be treated on less progressive lines.

EAR, NOSE AND THROAT.

During 1943, forty-three children were treated by operation for enlarged tonsils and adenoids. Twenty-two cases of defective hearing and seven cases of middle ear disease were found at routine

medical inspection. No case of deafness required admission to special school.

On June, 1944, a **new service** was inaugurated by the appointment of Mr. W. O. Lodge as **Consultant Ear, Nose and Throat Surgeon**, to whom cases could be referred from Routine School Medical Inspection or from the School Clinic by the School Medical Officer. All medical men practising in the Borough have, however, been informed of this appointment and have been invited to send any child of school age to see Mr. Lodge at the Brighthouse Education Committee's Clinic, should they desire his opinion.

It was hoped that Brook House, the new School Clinic premises, would be ready for occupation during 1944 and arrangements to hold the first session were postponed. As it became obvious that the more adequate accommodation at Brook House would not be available for a considerable time, Mr. Lodge agreed to take an initial session in the existing School Clinic. The first Consultant Ear, Nose and Throat Clinic was accordingly held on the 7th December. Sixteen children were invited to attend and sixteen were present.

In order that there may be no lack of facilities for removal of tonsils and adenoids where this operation is recommended by Mr. Lodge, it will be advisable for the Education Authority to consider making an arrangement for this operation to be carried out at a neighbouring hospital for children whose parents are not participants in any contributory hospital scheme.

DENTAL DEFECTS.

In Table III the percentage in which consent was given for treatment is shown to be 47.1. The figure for 1943 was 53.4. This year, however, the percentage who were under treatment by a private dentist was ascertained and was found to be 9.8. A further deduction of 4.3 has to be made for the cases which in accordance with the present policy of the Ministry of Education have had to be ignored because of repeated refusals or poor attendance in past years. The actual percentage of refusals for the year among the number found to be requiring treatment is therefore 38.8. These last three percentages account for 52.9 of the untreated cases.

The position with regard to dental treatment carried out at the School Clinic may be shown thus :—

Number found to require treatment	.....	2,712
Number actually treated	.....	1,075 or 39.6%
Number untreated	.....	1,637 or 60.4%
Number of untreated cases accounted for	.....	1,434 or 52.9%
Balance of untreated cases	.....	203 or 7.5%

As inspections continue in the schools until the Christmas holidays there must always be a balance of untreated cases to be carried forward to January of the next year. There were actually 129 children found during December to be requiring treatment. I consider that the position for the close of the year is satisfactory.

The School Dental Surgeon reports as follows :—

During 1944, as in the past two years, each School in the Borough has been visited three times for the purpose of Routine Dental Inspection. The award of points for clean teeth at these inspections has continued and the teeth of children in the majority of cases are very clean.

In two cases this year patients have had anterior teeth removed and have subsequently taken advantage of the arrangement for the provision of dentures. In the main this scheme works very well, but there is often great delay through work having to travel to and from the Dental Laboratory at Manchester.

In view of the large waiting list for anæsthetics at the end of 1943, permission was granted in February, 1944, for Mr. Rogerson, your Dental Anæsthetist, to attend for an additional session weekly as required. As a result the number of extractions carried out under a General Anæsthetic in 1944 shows a considerable increase, being 487, as compared with 309 in 1943.

A further innovation was introduced in the Anæsthetic sessions in July, when the New Walton No. 2 Gas and Oxygen apparatus was installed. This machine has proved most satisfactory both from the point of view of patients and operators.

TABLE III. DENTAL TREATMENT.

A comparison of the work done in 1942, 1943 and 1944.

	1942.	1943.	1944.
Number of children on school rolls at the end of December	3,252	3,226	3,480
Number of routine inspections	7,086	8,131	8,789
Number of inspections at which defects were found	3,204	3,182	2,712
Percentage of inspected children requiring treatment	45.2%	39.1%	30.8%
Number of consents given	1,516	1,700	1,278
Percentage of children requiring treatment in which consent was given	47.3%	53.4%	47.1%
Number of children actually treated	1,181	1,016	1,075
Number of attendances made during the year ...	1,492	1,565	1,719

Number of half-days devoted to—								
Inspection	...	...	...	...	...	59	82	85
Treatment	...	...	...	...	...	210	219	247
Total number of sessions						269	301	332
Average number of children inspected per routine session						120	99	103
Average number of children treated per routine session						7	5	7
Number of teeth—extracted						2,225	1,594	1,746
filled						501	399	399
other operations						354	417	365
Total						3,080	2,410	2,510
Average number of teeth treated per session						15	11	10
Number of general anaesthetics given during year						387	309	487

TABLE IIIA.

Percentage of children requiring treatment during 1939-1944.

1939	.....	.....	.....	.....	.....	75.0%
1940	.....	.....	.....	.....	.....	52.0%
1941	.....	.....	.....	.....	.....	46.0%
1942	.....	.....	.....	.....	.....	45.2%
1943	.....	.....	.....	.....	.....	39.1%
1944	.....	.....	.....	.....	.....	30.8%

PHYSICALLY DEFECTIVE CHILDREN.

Of the children examined routinely or as special cases during the year, 736 were found to have one or more defect. The conditions found were as follows :—

Subnormal nutrition	.....	.....	.....	.....	91
Defective general condition	.....	.....	.....	.....	11
Defective appetite	.....	.....	.....	.....	7
Deformities (postural spinal curvature, non-rachitic knock-knee, flat feet, overlapping toes, etc.)	.....	.....	.....	.....	207
Anæmia	.....	.....	.....	.....	44
Heart conditions (organic and functional)	.....	.....	.....	.....	29
Lung conditions (Bronchitis & Bronchial Catarrh)	.....	.....	.....	.....	109
Asthma	.....	.....	.....	.....	3
Rheumatism	.....	.....	.....	.....	6
Chorea	.....	.....	.....	.....	1
Hernia	.....	.....	.....	.....	7
Enuresis	.....	.....	.....	.....	20
Defective Ear Conditions (including deafness and middle ear disease)	.....	.....	.....	.....	39

Rhinitis	7
* { Enlarged Tonsils	59
Adenoids	5
* { Enlarged Glands	6
Defective Skin Conditions	77
Defective Muscular Tone	2
Spastic Paralysis	3
Atrophy of leg muscles (former congenital dislocation of hip joints and birth fracture)	1
Pseudo-hypertrophic muscular dystrophy	1
Mild Epilepsy	1

It was possible to treat many of these cases directly through the School Medical Services, namely by Artificial Sunlight, or Remedial Exercises, or by provision of additional milk. Most of the ear and skin conditions were treated at the School Clinic. Frequently more than one form of treatment was used such as artificial sunlight combined with remedial exercises in cases of postural deformities.

Fifteen cases were selected for admission to the Open Air School.

* { Enlarged Tonsils (recommended treatment)	15
Enlarged Tonsils (under observation)	44
	—59
* { Marked Adenoids (recommended treatment)	4
Marked Adenoids (under observation)	1
* { Enlarged Glands (under observation)	6
	—
	70
	—

ARTIFICIAL SUNLIGHT TREATMENT.

This treatment was advised in a hundred and twelve individual cases but thirty-three gave up treatment before they had completed their courses. The seventy-nine children who had the full courses advised received a total of 1,687 exposures which lasted altogether 16,420 minutes. Below are set out the diseases for which artificial sunlight was given and the numbers of children suffering from each complaint.

General debility	34
Defective appetite	1
Chronic bronchitis	4
Skin disease	9
Frequent colds	6
Post tonsillectomy debility	1
Post diphtheria debility	1

Post scarlet fever debility	.....	.....	3
Post pneumonia debility	.....	.....	1
Post whooping cough debility	.....	.....	6
Post influenza debility	.....	.....	1
Recurrent bronchial catarrh	.....	.....	12
Asthma	.....	.....	6
Ichthyosis	.....	.....	1
Rheumatism	.....	.....	1
Enlarged glands (neck)	.....	.....	14
T.B. glands (neck)	.....	.....	2
Chorea	.....	.....	1
Otorrhoea	.....	.....	1
Deformities	.....	.....	7

One physically defective child suffering from cardiac and general debility after acute rheumatism was referred for admission to a special school. By the end of the year a vacancy had not been obtained for him. A girl who was admitted to the Edward Mallam Convalescent Home, Deganwy, N. Wales, suffering from bronchiectasis is still in this Hospital School.

OPEN AIR SCHOOL.

The number on the roll of the Open Air School at the end of December, 1944, was 40, namely 21 boys and 19 girls.

Whereas, in 1943, 37 children with an average length of stay of 11.5 months each were discharged from the Open Air School, in 1944, 20 children with an average stay of 19.3 months each were discharged.

REPORT OF ORGANISERS OF PHYSICAL TRAINING FOR THE YEAR 1944.

General.

Regular routine visits were made to all departments and provision of a daily period of some form of physical activity is on the increase in Junior Schools, but is not yet universal. The amount of time devoted to the subject in Senior Schools is not yet satisfactory. Generally speaking, Infant Departments take a morning and afternoon period daily (as suggested by the Board of Education) but there are still a few schools where only one or two afternoon lessons are given during the week.

The provision of Physical Training clothing is a problem requiring consideration when the opportunity occurs. Sixteen Coupons are forthcoming, a start is to be made in the Senior Departments at an early date—but it cannot be too strongly emphasised that the foundations of hygienic training should be laid in the Infant and Junior Departments if the maximum benefit is to be derived, and if the accompanying training in cleanliness is to be sufficiently impressed to become habitual for life.

The Committee has taken up the full quota of Physical Training shoes allocated by the Board of Education but the quota is totally inadequate to the needs of the children. Where indoor accommodation is available and the floor surface suitable exercise should be taken with bare feet, but much of the value of Physical Training is lost if lessons have to be taken in the open and ordinary boots or clogs are worn. It is evident therefore that

- (1) Adequate indoor accommodation,
- (2) Good floor surface,
- (3) Suitable clothing and footwear

are necessary in every department.

Physical Exercises.

Every effort has been made to maintain the previous standard and in some schools this has been possible. A few have made headway during the year with regard to changing, notably one or two Infant Departments where some of the children now strip to the waist for exercise. In a few cases work has been disappointing—and in others staffing changes have made conditions difficult and progressive work in these Schools is consequently retarded.

Games.

Good use has been made of the Lane Head Playing Field. Showers are taken after games and although many girls are still slow to take advantage of the shower baths provided, the position has improved. It would appear in many cases that objections come from parents, and that a general change of outlook is necessary. Group practices and major games have been developed in both boys and girls games, but there is still great need for further improvement.

The development of playing fields (with which Brighouse is well supplied) is a matter requiring consideration at the first opportunity. At present many playing fields are just open spaces.

Equipment.

Schools are satisfactorily supplied and full use is made of the material allocated by the Board of Education. All Senior Schools are equipped with portable apparatus.

Swimming.

As in 1943, Swimming extended from April to December. The standard of attainment was maintained.

The following tables show :—

- (a) the number of Education Committee's Swimming Certificates obtained by pupils during the year, and
- (b) the number of pupils who attended for instruction during school time.

Table A—Result of the Examinations in Swimming held in July and December.

School.	One length		Two lengths		Totals		
	Girls	Boys	Girls	Boys	Girls	Boys	
Rastrick Common	17	19	8	19	25	38	63
St. Martin's	18	19	4	14	22	33	55
Victoria Central	17	7	20	4	37	11	48
Southowram	5	7	2	4	7	11	18
St. Joseph's	6	4	2	2	8	6	14
Lightcliffe	5	1	2	2	7	3	10

Table B—Number of children attending the Baths for Instruction during the period 1941-44 :—

1941 .....	.....	.....	.....	.....	5,812
1942 .....	.....	.....	.....	.....	9,337
1943 .....	.....	.....	.....	.....	7,638
1944 .....	.....	.....	.....	.....	10,703

Voluntary activities. Pre Service Units and numerous Youth Groups offered a variety of Physical Activities for their members.

Physical Recreation Classes organised under the West Riding County Council numbered 3 and enrolled 40 members.

In conclusion may we express our sincere thanks to the Director of Education and his staff for their valuable help and encouragement in our work and to the Head and Assistant Teachers our gratitude and thanks for their ever ready co-operation and goodwill.

E. JONES.

A. HARLEY.

ORTHOPÆDIC AND POSTURAL DEFECTS.

Only one case required treatment at the Adela Shaw Orthopædic Hospital, Kirbymoorside. This was a girl suffering from congenital wry neck who was admitted for operation on the 19th October and discharged on the 3rd November. Her after treatment was carried out at the School Clinic and the result was very good.

All the classes held by Dr. H. L. Crockatt, your Consulting Orthopædic Surgeon, were well attended, showing the continued appreciation by the parents of his visits.

The remedial classes conducted by Mrs. Luxton, the Medical Gymnast, are of great service in the early treatment of postural defects and deformities, and all children who could benefit to any degree were referred to these classes.

The number of cases and the conditions treated during the year are set out below :—

REMEDIAL CLASSES.

During 1944, 178 children received treatment for the following defects :—

Postural Spinal Curvatures.					
{	Scoliosis	.....	.....	.....	14
	Kyphosis	.....	.....	.....	7
	Lordosis	.....	.....	.....	2
	Spastic Paralysis (hemiplegia)	.....	.....	.....	2
	Spastic Paralysis (monoplegia)	.....	.....	.....	2
	Spastic Paralysis (diplegia)	.....	.....	.....	1
	Anterior Poliomyelitis	.....	.....	.....	5
	Flat Feet	.....	.....	.....	65
	Inverted Feet	.....	.....	.....	1
	Overlapping Toes	.....	.....	.....	9
	Hallux Valgus	.....	.....	.....	3
	Incurving Toes	.....	.....	.....	1
	Defective Posture	.....	.....	.....	23
	Flat Chest	.....	.....	.....	6
	Muscular Weakness	.....	.....	.....	1
	Pains in calves of legs	.....	.....	.....	1
	Weak Back	.....	.....	.....	1
	Knock Knees	.....	.....	.....	11
	Congenital Dislocation of Hip-joint	.....	.....	.....	1
	Tubercular Hip-joint	.....	.....	.....	1
	Old Arthritis of Hip-joint	.....	.....	.....	1
	Spinal Deformity	.....	.....	.....	1
	Tubercular Spine	.....	.....	.....	1
	Wry-neck (post operative)	.....	.....	.....	1
	Asthma	.....	.....	.....	9
	Defective Breathing	.....	.....	.....	8

NURSERY SCHOOLS.

There are no ad hoc nursery schools in the Borough, but children under 5 years of age attended various elementary schools. The total number in attendance during the year was 366 ; the number on the rolls at the end of December, was 127.

WAR-TIME NURSERY CLASSES.

During the year the total number of children who attended the Nursery Classes was 380 ; the number on the rolls at the end of December was 178. One routine medical inspection was conducted in each Nursery Class during the year but for eight months of the year the classes were visited weekly by the School Nurses.

INFECTIOUS DISEASES.

During 1944 the total number of children suffering from notifiable and other infectious diseases showed a decrease over the previous year. The following table, from the annual report of Mr. Rayner, Education Welfare Officer, shows the comparative figures during the past three years.

TABLE V.

The total numbers of Infectious Diseases in the Schools during the years 1942, 1943 and 1944.

Year	Chicken pox	Diph- theria	Scarlet Fever	Measles	Whoop'g Cough	German Measles	Mumps	Total
1942	326	.7	98	419	5	9	383	1,323
1943	158	6	56	163	161	156	13	817
1944	285	11	75	56	32	28	121	634

DIPHThERIA IMMUNISATION.

During 1944 immunisation against Diphtheria was confined chiefly to **re-inforcing** the protection of those already immunised who had just reached the age of five and to the **re-immunising** of those found after Schick testing to have again some susceptibility to Diphtheria.

A single re-inforcing dose, that is a dose to re-stimulate the immunity already conferred but which may be becoming less in amount, was given to children who had been immunised approximately between one and three years of age and who had reached the age of five years. This dose ensures as far as it is possible to do so that children whose parents were wise enough to have them immunised as infants or toddlers are protected in readiness for the compulsory school entrance age. This dose was given to 122 children.

Speaking generally, diphtheria is a more serious disease in a child of five than it is in one of ten years of age, and when there is not time to be constantly carrying out diphtheria immunisation among school children it is advisable to concentrate on the younger age groups. For this reason, and also as a matter of interest, Schick-testing was carried out in 292 children in the Junior Schools who had been previously immunised. 38 or 13% gave a positive reaction but in 30 or 10.3% of these the reaction was slight, while in 8 or 2.7% only was there a positive reaction of any degree of intensity. While the Schick test is not infallible—Schick negative reactors have been known to contract Diphtheria—a negative result in 87% with a further 10.3% showing only a slight reaction indicates a very satisfactory state of protection among the school children. The 13% positive reactors were re-immunised.

There was not time during the year to organise a diphtheria immunisation campaign among the older children who had not been immunised in their early years but 18 children over 5 years of age completed a course of treatment.

VACCINATION STATISTICS.

TABLE VI.

Group.	No. Examined.	No. Vaccinated.	Percentage.
Entrants	810	142	17.5
Intermediates	222	44	19.8
Leavers and Others	241	43	18.5
Totals	1273	229	18.0

It will be noted that only 18 per cent. of all the children examined had been vaccinated.

Chicken Pox and Mumps were the most prevalent infections. Measles did not occur in any great numbers, although there was evidence in the last quarter of the year of the onset of the epidemic expected during the winter 1944-1945.

MINOR AILMENTS CLINICS.

The number of cases treated is shown in Table VII below.

TABLE VII.

	1938	1939	1940	1941	1942	1943	1944
Cases treated	1861	1635	2058	2749	1901	2130	2161
Total attendances	3858	5137	5606	5849	8309	5976	6644

HOME VISITS.

Where a condition requiring treatment or special care is discovered at the examination of a child at school or at the Minor Ailments Clinic, and the parent is not present, the school nurse visits the home and gives the necessary advice to the parent. During 1944, 636 such visits were made, compared with 89 in 1943.

BLIND AND DEAF CHILDREN.

Two deaf boys from Brighouse are at present in the Leeds Blenheim School, which has been transferred to the James Graham Open Air School, Leeds.

One partially sighted boy and one partially sighted girl are attending the Daisy Hill School for Myopes, Bradford.

MENTALLY DEFECTIVE CHILDREN.

Twenty mentally defective children are on the special register. Of these six are attending ordinary elementary school, seven are in institutions, four are at no school or institution and three are now working.

Fourteen other mentally retarded children are under observation or awaiting examination for mental deficiency. Eleven of these are at ordinary school and three are at no school or institution. One of the cases under observation was found to be suitable for treatment at a Child Guidance Clinic but up to date it has not been possible to obtain this treatment for him as there is already a waiting list at the Bradford Clinic.

EMPLOYMENT OF CHILDREN.

During 1944, seventy-four schoolboys and six schoolgirls were examined in accordance with Part VIII of the Education Act, 1921. Seventy-three were granted certificates of fitness and forty were re-examined. Four schoolgirls were examined for employment in Entertainments, and all were granted certificates.

APPENDIX.

MEDICAL INSPECTION AND TREATMENT RETURNS.

Year ended 31st December, 1944.

Medical Inspection of Children attending Public Elementary Schools.

TABLE I.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

	Entrants	...	...	...	...	...	...	...	810
	Second Age Group		...	...	...	...	...	...	222
	Third Age Group		...	...	...	...	...	...	241
	Total	...	...	...	...	...	...	...	1,273
Number of other Routine Inspections				...	...	...	...	...	—
	Grand Total	...	...	...	...	...	...	...	1,273

B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	150
Number of Re-Inspections	...	...	...	...	...	...	550
Total	...	...	...	...	...	...	700

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR 1944 IN THE ROUTINE AGE
GROUPS.

Age-groups.	Number of Children Inspected.	A 'Excellent)		B and B— (Normal)				C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%	No.	%
Entrants ...	810	71	8.8	552	68.1	110	13.6	77	9.5	—	—
Intermediate ...	222	38	17.1	148	66.7	26	11.7	10	4.5	—	—
Leaver ...	241	59	24.5	146	60.6	32	13.3	4	1.7	—	—
Other Routine Inspections ...	—	—	—	—	—	—	—	—	—	—	—
Total ...	1273	168	13.2	846	66.5	168	13.2	91	7.1	—	—

TABLE III.

GROUP I—TREATMENT OF MINOR AILMENTS (excluding
Uncleanliness, for which see Table V).

Total Number of Defects treated or under treatment during the year									
under the Authority's Scheme ...				...	...	...	...	...	2,161
Attendances ...	...	...	...	...	...	...	...	...	6,644

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Minor
Eye Defects treated as Minor Ailments—Group 1).

Defect or disease.	No. of Defects dealt with.		
(1)	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint) ...	153	—	153
Other Defect or Disease of the Eyes ... (excluding those recorded in Group 1).	1	—	1
Total ...	154	—	154
No. of children for whom spectacles were :			
(a) Prescribed ...	133	—	133
(b) Obtained ...	26	107	133

GROUP III—TREATMENT OF DEFECTS OF NOSE AND
THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total Number treated.
(1)	(2)	(3)	(4)	(5)
—	43	43	—	43

TABLE IV.
DENTAL INSPECTION AND TREATMENT.

(1) Total number of routine inspections carried out by the Dentist 8789	(6) Fillings :— Permanent Teeth 399 Temporary Teeth —
Specials —	
Total, Routine and Specials 8789	Total 399
(2) Number found to require treatment 2712	(7) Extractions carried out ... 1746
Average number per term found to require treatment 904	(8) Other Operations 365
(3) Number actually treated ... 1075	(9) Total number of Teeth treated 2510
(4) Attendances made by children for treatment 1719	(10) Administration of general anæsthetics for extractions 487
(5) Half-days devoted to :— Inspections 85 Treatment 247	
Total 332	

TABLE V.

VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	6.14
(ii)	Total number of examinations of the children in the Schools by School Nurses	...	...	...	...	...	...	12,434
(iii)	Number of individual children found unclean	...	...	...	...	...	...	1,138
(iv)	Number of individual children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	...	—
(v)	Number of cases in which legal proceedings were taken:							
	(a) Under the Education Act, 1921	...	...	...	...	...	...	—
	(b) Under School Attendance Byelaws	...	...	...	...	...	...	—

TABLE VI.

BLIND AND DEAF CHILDREN.

	1.	2.	3.	4.
	At a Public Elementary School	At an institution other than a Special School	At no School or Institution	Total not receiving suitable education
Blind Children ...	—	—	—	—
Deaf Children ...	—	—	—	—

MENTALLY DEFECTIVE CHILDREN.

Total number of children notified during the year ended 31st December, 1944, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 2



